DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-4458

April 4, 1985

ALL-COUNTY INFORMATION NOTICE I-32-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PAYMENT VERIFICATION SYSTEM

REFERENCE:

This letter is an update concerning changes in and status of the Payment Verification System (PVS). PVS is an automated report through which Unemployment Insurance (UI), Disability Insurance (DI), and Retirement, Survivors, and Disability Insurance (RSDI) benefits to public aid recipients can be checked. Based on UI and DI information from the California Employment Development Department (EDD) and RSDI information from the Social Security Administration (SSA), PVS reports are provided to counties on a monthly basis. Problems with the RSDI portion of the system have forced temporary deletion of RSDI data from PVS beginning with the January 1985 period.

In order to improve and make PVS more useful, three separate projects are being pursued: 1) PVS printout format changes, 2) RSDI reimplementation, and 3) RSDI section problem identification and correction. Below are synopses of these items.

PVS PRINTOUT FORMAT CHANGES

This change will significantly increase the usefulness of PVS by providing recipient information not previously displayed and presenting it in a format which recognizes assistance unit relationships. County comment concerning format changes has been solicited and incorporated when possible.

The reformat programming and testing is underway. Attachment A is an example of a PVS printout in the new format. You should begin to receive PVS in this new format beginning in August 1985. During July 1985, a PVS Handbook which will include category definitions and explanations should be available for each county.

GEN 654a   (9/79)

RSDI REIMPLEMENTATION

SSA and the California Department of Social Services (DSS) are working together
to correlate their recipient records. Through the reimplementation process,
DSS will receive current beneficiary identification and RSDI information.
This will establish a new data base of California's public assistance recipients
receiving RSDI benefits upon which future changes in RSDI situations will be
reported.

A statewide reimplementation tape has been scheduled for creation by SSA in
mid-April 1985 for transmission to the California Department of Health Services
(DHS). During early May 1985 it may be possible to send the RSDI reimple-
mentation information to counties. Before that time, DSS will be seeking
county comment on what reimplementation information they should receive and
the format in which it should be sent.

RSDI SECTION PROBLEM IDENTIFICATION

The RSDI portion of PVS experienced some problems in the first part of 1985.
Rather than pass these on to counties, it was decided not to include this
section with the PVS data sent to counties. Problem causes are being inves-
tigated and processing changes being made to prevent future problems. The
complex nature of PVS, the involvement of many organizations (SSA, DSS, DHS,
EDD, and counties), and scheduling constraints make it a slow process. This
phase of PVS modification will continue as long as there is room for improve-
ment.

It is important that county identified PVS problems be documented and forwarded
to DSS. The documentation should be a written explanation of what appears to
be wrong including copies of the relevant PVS pages and collateral or con-
flicting sources.

Please forward PVS problem documentation to:

> Steve Hemmerling
> AFDC Corrective Action Bureau
> 744 P Street, M.S. 16-30
> Sacramento, CA 95814

Questions and comments regarding PVS may be telephoned to Steve at (916) 445-4458.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

COUNTY	AID CODE	SERIAL	ASSISTANCE UNIT
01	30	1234567	1

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT

LAST	FIRST	M	SEX	DATE OF BIRTH	SSN	PERSON NUMBER
SMITH	ALVIN	A	M	01/01/80	111-11-1111	01
SMITH	BALWIN	B	M	02/01/79	222-22-2222	02
SMITH	CALVIN	C	M	03/01/78	333-33-3333	03
SMITH	DARRIN	D	M	04/01/77	444-44-4444	04
SMITH	EUNICE	E	F	05/01/76	555-55-5555	05
SMITH	FELICE	F	F	06/01/75	666-66-6666	06
SMITH	GRADY	G	M	07/01/74	777-77-7777	07
SMITH	HELEN	H	F	08/01/50	888-88-8888	08
SMITH	IRVIN	I	M	09/01/40	999-99-9999	09

----------- RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -------------

INFORMATION SENT TO SSA

LAST	FIRST	M	SEX	DATE OF BIRTH	SSN	PERSON NUMBER
SMITH	ALVIN	A	M	01/01/80	111-11-1111	01

INFORMATION RETURNED BY SSA

LAST	FIRST	M	SEX	DATE OF BIRTH	BENEFICIARY SSN
SMITH	ALVIN	A	M	01/01/80	111-11-1111

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS   111-11-1111-11

BENEFIT AMOUNT FOR MONTH OF 08/84	BENEFIT AMOUNT FOR MONTH OF 09/84	INITIAL DATE OF ENTITLEMENT	---- MEDICARE ---- PREMIUM PAYER	BUY-IN AMOUNT
$ 10.00	$ 11.00	01/80	AAAAA	$ 11 .00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

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RSDI
(CONTINUED ON NEXT PAGE)

	COUNTY	AID CODE	SERIAL	ASSISTANCE UNIT
	01	30	1234567	1

INFORMATION SENT TO SSA

-------- NAME --------			SEX	DATE OF BIRTH	SSN	PERSON NUMBER
LAST	FIRST	M				
SMITH	BALWIN	B	M	02/01/79	222-22-2222	02

INFORMATION RETURNED BY SSA

-------- NAME --------			SEX	DATE OF BIRTH	BENEFICIARY SSN
LAST	F.I.	M			
SMITH	B	B	M	02/01/79	222-22-2222

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS   222-22-2222-22

BENEFIT AMOUNT FOR MONTH OF 08/84	BENEFIT AMOUNT FOR MONTH OF 09/84	INITIAL DATE OF ENTITLEMENT	---- MEDICARE ---- PREMIUM PAYER	BUY-IN AMOUNT
$ 10.00	$ 11.00	01/80	AAAAA	$ 11 .00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

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INFORMATION SENT TO SSA

-------- NAME --------			SEX	DATE OF BIRTH	SSN	PERSON NUMBER
LAST	FIRST	M				
SMITH	CALVIN	C	M	03/01/78	333-33-3333	03

INFORMATION RETURNED BY SSA

-------- NAME --------			SEX	DATE OF BIRTH	BENEFICIARY SSN
LAST	F.I.	M			
SMITH	C	C	M	03/01/78	333-33-3333

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS   222-22-2222-22

BENEFIT AMOUNT FOR MONTH OF 08/84	BENEFIT AMOUNT FOR MONTH OF 09/84	INITIAL DATE OF ENTITLEMENT	---- MEDICARE ---- PREMIUM PAYER	BUY-IN AMOUNT
$ 20.00	$ 31.00	01/80	AAAAA	$ 15.00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

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              COUNTY    AID     SERIAL    ASSISTANCE
                        CODE              UNIT
                01      30      1234567       1
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------- UI INFO. REPORTED BY EDD AS OF 08/25/84, ON AN EXCEPTION BASIS -------

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INFORMATION SENT TO EDD
      -------- NAME -------        SEX    DATE OF              SSN        PERSON
        LAST      FIRST   M               BIRTH                          NUMBER
      SMITH       IRVIN   I         M     09/01/40       999-99-9999        09

INFORMATION RETURNED BY EDD
      -------- NAME -------                         CLAIMANTS
        LAST      F.I.    M                            SSN
      SMITH         I     I                        999-99-9999

   DATE LAST CLAIM          BEGIN DATE         MAXIMUM BENEFITS    $ 777
   ENTERED EDD FILE          OF CLAIM          WEEKLY  BENEFITS    $  77
      05/01/84               05/10/84          REMAINING BENEFITS  $ 200

   CHECK      AMOUNT    CHECK     FOR WEEK     CHECK         FIELD    REPORTED
   ISSUED               NUMBER    ENDING       CLEARED       OFFICE   EARNINGS
   08/15/84  $  50    11112222    08/15/84   NOT CLEARED     7777    $   0
   08/07/84  $  25    22223333    08/07/84     08/10/84      7777    $  25
   08/01/84  $  50    33334444    08/01/84     08/05/84      7777    $   0
   07/24/84  $  50    44445555    07/24/84     07/30/84      7777    $   0
   07/17/84  $  50    55556666    07/17/84     07/25/84      7777    $   0
   07/10/84  $  25    66667777    07/10/84     07/17/84      7777    $  25
   07/03/84  $  50    77778888    07/03/84     07/10/84      7777    $   0
   06/26/84  $  50    88889999    06/26/84     07/01/84      7777    $   0
   06/19/84  $  50    99990000    06/19/84     06/25/84      7777    $   0
   06/12/84  $  50    00001111    06/12/84     06/20/84      7777    $   0
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                    COUNTY      AID      SERIAL     ASSISTANCE
                               CODE                    UNIT
                      01        30      1234567          1
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------ DI INFO. REPORTED BY EDD AS OF 08/25/84, ON A NON-EXCEPTION BASIS -----

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INFORMATION SENT TO EDD
        -------- NAME --------    SEX    DATE OF            SSN          PERSON
           LAST      FIRST   M            BIRTH                          NUMBER
        SMITH        HELEN   H     F     08/01/50        888-88-8888       08

INFORMATION RETURNED BY EDD
        -------- NAME --------                         CLAIMANTS
           LAST      F.I.    M                            SSN
        SMITH          H     H                         888-88-8888

        CHECK             AMOUNT      CHECK      FIELD     STATUS     CHECK
        ISSUED                        NUMBER     OFFICE    CODE       STATUS
        08/20/84     $    99.00       909090     2100        1       NOT CLEARED
        07/20/84     $    99.00       090909     2100        2       CLEARED
        06/20/84     $    99.00       999999     2100        2       CLEARED

        STATUS CODE MESSAGE-
           (1)

           (2)
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-------------------------- END OF CASE --------------------------

FOR COUNTY USE ONLY

CASE CORRECT	CASE CLOSED	ADMIN. ERROR	CLIENT ERROR	REFERRED FOR INVESTIGATION	E.W. INIT.	DATE

IS THERE A POTENTIAL OF AN EXTRA CHECK IN THE MONTH OF _____ ? Y/N